

FILED DEC 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42063

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>8120</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. ST. LOUIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Inf. Eureka, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>1701 No. 50th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH</u> b. (Middle) <u>FABIAN</u> c. (Last) <u>KANE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC - 4 - 1951</u>				
5. SEX <u>M - C</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>SINGLE ()</u>	8. DATE OF BIRTH <u>FEB - 15 - 1885</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ALUMINUM DRG OF MEX.</u>		11. BIRTHPLACE (State or foreign country) <u>EDWARDSVILLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>THOMAS KANE</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BRADLEY</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beverly Leah, 0-27 - St. Joseph's Hill - Eureka, Mo</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>METASTOLIC - ADENO - CARCINOMA</u> DUE TO (c) <u>TO LYMPH GLAND OF NECK</u>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/1</u> , 19 <u>51</u> , to <u>12/4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/4</u> , 19 <u>51</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Mardis, M.D.</u> (Degree or title)				23b. ADDRESS <u>4323 ROLAND DRIVE - MO</u>		23c. DATE SIGNED <u>12/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>4104 Manchester Ave. St. Louis, Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>Dec 8/1951</u>		REGISTRAR'S SIGNATURE <u>Ruth J. Giese</u> 433		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hammer</u> ADDRESS <u>Howl Springs</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED 12-11-51
MILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald A. Yank

Licensed Embalmer No. *3 P 17*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.